SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual	Section: ELIGIBILITY FOR SERVICES
	Subject: Waiting List Criteria

ENROLLMENT

All open slots must be equally available to all eligible individuals in the Case Management Team's (CMT) service area. CMTs serving more than one county may not allocate slots per county.

WAITING LIST CRITERIA

When all slots are filled, a waiting list must be established by the CMT to select individuals most in need of services. Individuals placed on the waiting list must be assessed in person within 60 days of the date of the formal referral. Priority is established by considering the criteria on the Waiting List Criteria Tool (DPHHS-SLTC-146). A Waiting List Criteria Tool will be filled out for each individual awaiting HCBS. (Refer to Appendix 899-20). The CMT should assist applicants in securing needed support or other available services until the individual can be admitted to HCBS.

Only individuals, who are financially eligible for Medicaid, meet Level of Care, and are able and willing to accept a slot should be placed on the waiting list; unless the individual requires a resource assessment and spousal impoverishment or children who need waiver of deeming to qualify for Medicaid.

Budget constraints may warrant the selection of an individual with lower needs whose care needs can be met with limited funds. In these instances, the CMT must document the specific circumstances on the Waiting List Criteria Tool.

REVIEW OF WAITING LIST

The CMT will determine when a more in-depth review of an individual on the waiting list is necessary. However, individuals on the waiting list, or family members of individuals on the waiting list, must be contacted at least quarterly to ensure that the Wait List is current. Waiting list reports must be continually reviewed to ensure that individuals on the list are still in need of services, updated and submitted to the Community Services Bureau (CSB) on a quarterly basis. (Refer to 899-2) Review consists of verifying the individual's current eligibility and need for service. If the individual's level of care or need for services is questionable, the CMT may involve Mountain Pacific Quality Health (MPQH) through a phone consultation. If the individual

being reviewed does not meet level of care, MPQH will notify the individual with a DPHHS-SLTC-61, with a copy to the CMT.

If the individual being reviewed continues to qualify, it is not necessary for MPQH to complete a new screening tool or to send a DPHHS-SLTC-61. The CMT will enter the review information in the individual's record. If the individual has been on the waiting list more than 90 days, a new level of care decision from MPQH does not need to be made unless there has been a significant change in the individual's condition. CMTs are required by the Department to maintain an electronic Waiting List. The database allows both the teams and the Department to access information about the Waiting List. Refer to Appendix HCBS 899-25 for instructions on entering data.

Note: Individuals who qualify for another waiver may also be placed on that waiver's waiting list.